## PART B - FEE(S) TRANSMITTAL

| Complete and send this form, together with applicable fee(s), to: Mail  |  |  | Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450                                     |   |  |
|---|--|--|--|---|--|
| OCT 0 2 2007 g  |  | or <u>Fax</u> (5'  | <b>71)-273-2885</b>  |   |  |
| INSTRUCTIONS: This form should be used for appropriate. All further correspondence including indicated unless particularly or directed other maintenance fee installations.   | or transmitting the ISSU g the Patent, advance or erwise in Block I, by (a   | E FEE and PUBLICAT<br>ders and notification of<br>) specifying a new corre   | ION FEE (if required).<br>maintenance fees will be<br>spondence address; and/  | Blocks 1 through 5 she mailed to the current or (b) indicating a sepa   | ould be completed where<br>correspondence address as<br>rate "FEE ADDRESS" for                               |
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Blo   | ock 1 for any change of address)   | Fe<br>pay  | te: A certificate of main  | ificate cannot be used to<br>er, such as an assignmen   | r domestic mailings of the<br>or any other accompanying<br>nt or formal drawing, must                        |
| 7590 07:09/2007  Grant A. Johnson IBM Corporation - Dept. 917 3605 Highway 52 North Rochester, MN 55901   |  | St   | ereby certify that this Fe   | ulticient postage lot lits  | mission deposited with the United t class mail in an envelope above, or being facsimile ate indicated below. |
|   |  |  |  |   | (Depositor's name)   |
|   |  |  |  |   | (Signature)<br>(Date)  |
| APPLICATION NO. FILING DATE   |  | FIRST NAMED INVENTO  | R ATI  | TORNEY DOCKET NO.   | CONFIRMATION NO.   |
| 10/664,553 09/19/2003   |  | Paul Reuben Day  |  | COC920030174US1   | 4284   |
| TITLE OF INVENTION: METIIOD, APPARA' VERIFICATION OF SOFTWARE FIX PROGRA  |  | PROGRAM PRODUCT  | FOR IMPLEMENTING   | AUTONOMIC TESTI   | NG AND   |
| APPLN. TYPE SMALL ENTITY  | ISSUE FEE DUE  | PUBLICATION FEE DUI  | PREV. PAID ISSUE FEI   | E TOTAL FEE(S) DUE  | DATE DUE   |
| nonprovisional NO   | \$1400   | \$300  | <b>so</b><br>10/03/20  | 107 AWONDAFZ 00000  | 1828 898465 1866455  |
| EXAMINER  | ART UNIT   | CLASS-SUBCLASS   | 7  |   |  |
| LOIIN, JOSHUA A   | 2114   | 714-038000   | 01 FC:11<br>02 FC:11   | 504 300.00  |  |
| I. Change of correspondence address or indication CFR 1.363).  Change of correspondence address (or Chanddress form PTO/SB/122) attached.  The Address indication (or "Fee Address PTO/SB/47; Rev 03-02 or more recent) attach Number is required.  | (1) the names of up<br>or agents OR, alterna<br>(2) the name of a sin<br>registered attorney o                                     | a single firm (having as a member a an ember a new or agent) and the names of up to ent attorneys or agents. If no name is   |  |   |  |
| 3. ASSIGNEE NAME AND RESIDENCE DAT.  PLEASE NOTE: Unless an assignee is ident recordation as set forth in 37 CFR 3.11. Com  (A) NAME OF ASSIGNEE  INTERNATIONAL BUSINESS  Please check the appropriate assignee category of   | iffied below, no assignee pletion of this form is NO MACHINES CORE   | data will appear on the off a substitute for filing a (B) RESIDENCE: (CI'CORATION, ARM   | patent. If an assignee is<br>n assignment.<br>'Y and STATE OR COU<br>ONK, NEW YORK   | NTRY)<br>10504  | _  |
| 4a. The following fee(s) are submitted:  2a Issue Fee  2b Publication Fee (No small entity discount permitted)  2c Advance Order - # of Copies  |  | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09_0465_ (enclose an extra copy of this form). |  |   |  |
| 5. Change in Entity Status (from status indicate  a. Applicant claims SMALL ENTITY stat  NOTE: The Issue Fee and Publication Fee (if rec  | us. See 37 CFR 1.27.   | ed from anyone other tha   | onger claiming SMALL to the applicant; a register  |   |  |
| Authorized Signature  | ates Patent and Tradengar  | k Office.  |  | 2017  |  |
| Typed or printed name Grant A. J  | <del></del>  | Registration No.   | 42,696   |   |  |
| This collection of information is required by 37 (an application. Confidentiality is governed by 38 submitting the completed application form to the this form and/or suggestions for reducing this be Box 1450, Alexandria, Virginia 22313-1450. De Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no | CFR 1.311. The informati<br>5 U.S.C. 122 and 37 CFR<br>e USPTO. Time will var<br>Irden, should be sent to to<br>O NOT SEND FEES OR |  | r retain a benefit by the pestimated to take 12 min<br>lividual case. Any commicer, U.S. Patent and Tra<br>TO THIS ADDRESS. SI | sublic which is to file (an<br>utes to complete, includi<br>tents on the amount of the<br>demark Office, U.S. Dep<br>END TO: Commissioner |  |